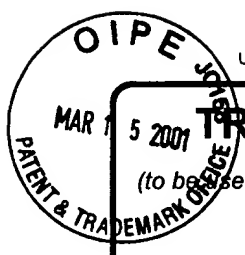


Gp 28118



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	09/469,406	
	Filing Date	December 22, 1999	
	First Named Inventor	Ali Keshavarzi	
	Group Art Unit	2811	
	Examiner Name	Kang, D.	
Total Number of Pages in This Submission	10	Attorney Docket Number	42390P7511

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donna Jo Coningsby, Reg. No. 41,684 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Donna Jo Coningsby</i>
Date	March 8, 2001

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: March 8, 2001			
Typed or printed name	Mark W. Baugher		
Signature	<i>Mark W. Baugher</i>	Date	March 8, 2001

lease type a plus sign (+) inside this box



FREE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Complete if Known

Application No.	09/469,406
Filing Date	December 22, 1999
First Named Inventor	Ali Keshavarzi
Examiner Name	Kang, D.
Group/Art Unit	2811
Attorney Docket No.	42390P7511

TOTAL AMOUNT OF PAYMENT (\$) 110.00

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to credit any overpayments to:

Deposit Account Number: 02-2666
Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

- ☒ Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Applicant claims small entity status. See 37 CFR 1.27.

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	201	710	355	Utility filing fee	
106	206	320	160	Design filing fee	
107	207	490	245	Plant filing fee	
108	208	710	355	Reissue filing fee	
114	214	150	75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
28	28	18.00	0
3	3	80.00	
Multiple Dependent			

**or number previously paid, if greater, For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
103	203	18	9	Claims in excess of 20
102	202	80	40	Independent claims in excess of 3
104	204	260	135	Multiple Dependent claim, if not paid
109	209	80	40	**Reissue independent claims over original patent
110	210	18	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	205	130	65	Surcharge - late filing fee or oath	
127	227	50	25	Surcharge - late provisional filing fee or cover sheet.	
139	239	130	130	Non-English specification	
147	247	2,520	2,520	For filing a request for reexamination	
112	212	920*	920*	Requesting publication of SIR prior to Examiner action	
113	213	1,840*	1,840*	Requesting publication of SIR after Examiner action	
115	215	110	55	Extension for response within first month	110.00
116	216	390	195	Extension for response within second month	
117	217	890	445	Extension for response within third month	
118	218	1,390	695	Extension for response within fourth month	
128	228	1,890	945	Extension for response within fifth month	
119	219	310	155	Notice of Appeal	
120	220	310	155	Filing a brief in support of an appeal	
121	221	270	135	Request for oral hearing	
138	238	1,510	1,510	Petition to institute a public use proceeding	
140	240	110	55	Petition to revive - unavoidable	
141	241	1,240	620	Petition to revive - unintentional	
142	242	1,240	620	Utility issue fee (or reissue)	
143	243	440	220	Design issue fee	
144	244	600	300	Plant issue fee	
122	222	130	130	Petitions to the Commissioner	
123	223	130	130	Petitions related to provisional applications	
126	226	180	180	Submission of Information Disclosure Stmt	
581	281	40	40	Recording each patent assignment per property (times number of properties)	
146	246	710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	249	710	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	279	710	355	Request for Continued Examination (RCE)	
169	269	900	900	Request for expedited examination of a design application	

Other fee (specify)

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

110.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684	Telephone	(503) 684-6200
Signature	Donna Jo Coningsby	Date	03/08/01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED